



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE

**BUDGET FOR INDEPENDENT CENTER OR FACILITY
CHILD CARE OR ADULT DAY CARE CENTER, OUTSIDE SCHOOL HOURS CENTER,
EMERGENCY SHELTER, OR AT-RISK AFTER-SCHOOL SNACK PROGRAM**

NAME OF CENTER OR FACILITY		MDHSS USE ONLY CONTRACT NUMBER	
NAME AND TITLE OF PERSON COMPLETING BUDGET			
TELEPHONE NUMBER ()		EMAIL ADDRESS	
<i>The purpose of this budget is for your organization to show how you plan for food service expenses and to demonstrate your financial viability. This budget will not affect your reimbursement. The number of meals served and participants' classification in free, reduced, and paid categories determine the amount you receive from CACFP.</i>			
INCOME			
List all sources and monthly amounts of cash or income received by your organization. List amount from each funding source.			
INCOME SOURCE		AVERAGE MONTHLY AMOUNT	
Day care fees			
Child care subsidy monies (DFS)			
Fees for meals served to teachers / parents / guests			
Cash donations			
Food donations (food banks, etc.)			
CACFP			
Grants (Early Start, Head Start, etc.)			
Other (specify):			
TOTAL INCOME		\$	

EXPENSES					
BUDGET CATEGORY	Total Expense (One Month)	X	Percentage of Expense Devoted to Food Service	=	FOOD SERVICE BUDGET (One Month)
<i>To calculate monthly food service budget, multiply total expense by percentage devoted to food service. Example: The director is paid \$2,000 per month. He spends 15% of his time on CACFP / food service paperwork, food purchasing, etc. Multiply \$2,000 X 15% (.15) to get the food service budget amount of \$300.</i>					
ADMINISTRATIVE LABOR					
Director salary and fringe		X		=	
Assistant salary and fringe		X		=	
Other position(s) (specify):		X		=	
		X		=	
		X		=	
		X		=	
FOOD SERVICE LABOR					
Cook salary and fringe		X		=	
Other food service position(s) (specify):		X		=	
		X		=	
		X		=	
		X		=	
FOOD SERVICE CONTRACTOR		X	100%	=	
FOOD		X	100%	=	
FOOD SERVICE RELATED SUPPLIES (Ex: dishes, cleaning supplies, small equipment)		X		=	
RENT		X	(20% max.)	=	
UTILITIES		X	(20% max.)	=	
OTHER (specify):		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
TOTAL MONTHLY FOOD SERVICE BUDGET					\$
Number of enrolled participants on which this budget is based: _____					